



Volunteer Application
Become a Mentor

AD ASTRA PER ASPERA

HOW TO APPLY

Please contact the Independent Living Coordinator (ILC) at your local Department for Children and Families (DCF) office. The phone number is: _____

OR

If you already know a youth who needs a mentor, contact his or her Independent Living Coordinator and express your interest in becoming a mentor.

WHO ARE MENTORS?

Mentors are positive role models for youth who have been in the foster care system and are transitioning to self-sufficiency. Mentors are people who have a desire to assist youth to succeed by providing advice, counsel, and support. The likelihood of success for a youth who has been in the foster care system increases tremendously when the youth has a mentor in their life.

Everyone brings different strengths and talents to the table as a mentor. You may be a person who wants to forge a relationship with one youth, be a support to that youth and helping him or her to build self-sufficiency skills over time. Or you may have one or a few special talents where many youth could benefit from working with you on a more limited basis to build skills in your areas of expertise.

Youth aging out of foster care are often in a position where they can benefit greatly from support, education, and advice in every area of self-sufficiency. This includes areas such as; learning to take care of household tasks, budgeting, tax preparation or filing taxes, career preparation, job searches, how to buy a reliable car, cooking skills, resolving billing issues, learning how to make payment arrangements, building and maintaining positive peer relationships. If you have a desire to help, please know that there are youth that can benefit from your experience!

RESPONSIBILITIES

- Commitment to a minimum of 6 months for a youth
- Consult with the youth on details of the youth's goals and progress towards those goals
- To participate in the youth's self-sufficiency planning
- To document the meetings with the youth and providing this to the DCF ILC
- Advise the youth on budget, money management and learning how to maintain financial records
- Participate in training/educational activities regarding the roles of a mentor
- Assist the youth in the development and maintaining of employment skills
- Guide the youth in further development and enhancement of their life skills

QUALIFICATIONS

- Age 25 Or Older
- Ability To Pass A Kansas Bureau of Investigation (KBI) and Child Abuse Neglect Central Registry Security Clearance
- Willingness To Work With Adolescents And Young Adults
- Knowledge Of Money Management
- Knowledge Of Skills Needed To Succeed In Daily Living
- DCF's PPS Employees and Household Members of Employees Are Disqualified from Becoming Mentors.

WHAT DO YOU DO AS A MENTOR?

The activities are typically determined by you and the youth; simple things like visiting a local fishing spot, providing a place to do laundry, teaching a hobby you enjoy, fixing them a meal or checking out a new movie are all perfect activities! As a mentor, you are filling a very important role. There are a wide variety of things that you may be able to do as a mentor, such as;

- Home for the holidays
- Emergency place to stay
- Care packages for college
- Job search assistance
- Transportation
- Assistance with medical appointments
- Chaperone
- Motivation
- A computer to use
- Spiritual support
- Cultural experiences
- Cooking sessions/assistance
- Bills and money management assistance
- Mechanical projects
- Housekeeping
- Voting assistance
- Finding community resources
- Help obtaining mental health support
- Emergency cash
- Advocacy
- Co-Signer
- Help with reading and understanding complex forms, documents
- A place to do laundry
- Food/occasional meals
- Employment opportunities
- Career counseling
- Educational assistance
- Someone to talk to/discuss problems
- Storage
- A phone to use
- Clothing
- Help with obtaining legal assistance
- Apartment move in
- Regular check in (daily, weekly or monthly)
- Help obtaining drug and alcohol addiction services
- Building projects
- Home decorating
- Volunteerism
- Information about safety and personal security
- Babysitting
- Reference
- Information about adoption
- Community activities
- Other activities as identified appropriate

Mentor Application

NOTE: This form needs to be filled out before your consideration as a mentor; you must have security clearances due to the nature of your responsibilities.

First and Last Name	Birthdate	Date
Address	Home Phone Number	Work Phone Number
Mobile Number	E-Mail	Social Security Number

Name of youth you would like to mentor, if known.

Are you willing to help with a youth not previously known to you? Yes No

EDUCATION (Circle the highest year completed)

1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 5 6

Vocational or Special Training _____

Present Occupation _____

Hobbies/Special Interests _____

Memberships (church, clubs, other organizations) _____

Volunteer/Mentor experience _____

How did you hear about our mentoring opportunity? _____

Why do you want to be a mentor? _____

Mentor Application Continued.

What are you willing to help with? _____

Refer to List on Page 3

If you are interested in mentoring in another area of the state, can we share your information with other DCF and provider staff? Yes No

Can you speak a foreign language? Yes No

If yes please specify.

Willing to assist in transportation? Yes No

If yes, please provide current valid ID and Proof of auto insurance.

Driver's license number: _____ Date issued: _____ State: _____

Auto Insurance Provider: _____ Policy Number: _____

References

Name: _____ Email/Phone#: _____

Name: _____ Email/Phone#: _____

Name: _____ Email/Phone#: _____

Emergency contact information

Name: _____ Address: _____

Relationship: _____ Phone Number: _____

Additional comments and/or questions. _____

Printed Name: _____ Signature: _____

Date: _____

***Please submit the completed Mentor Application to your local ILC's DCF office.**

DCF Staff Only

Region To Be Considered	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Location To Be Considered	DCF IL Staff Signature _____ Date _____
	DCF IL Supervisor Initials _____

Security Clearance Request Form

PLEASE PRINT CLEARLY

Reason for Request: Check One

Employment Home Study ICPC
 CWEP Volunteer JTPA
 Other: Explain IL Mentor

Caregiver Position? Yes No

FBI Check? Yes No

(Attach
Fingerprints)

Last Name
Include suffix (Jr.,
SR., etc.) if any.)

First Name

Middle Name

Maiden Name

Other Names

Address 1

Address 2

Phone

Gender

Race

SSN

Birth Date

Driver's License

State of Issuance

Return results to:

Name

Office or Institution

Department for Children and Families

E-Mail Address

PCA Number

Search Results

Fingerprints Sent?

FBI	<input type="checkbox"/>	No Record	<input type="checkbox"/>	See Attached
KBI	<input type="checkbox"/>	No Record	<input type="checkbox"/>	See Attached
Compact-DOC Supv.	<input type="checkbox"/>	No Record	<input type="checkbox"/>	See Attached
Adult Abuse Registry	<input type="checkbox"/>	No Record	<input type="checkbox"/>	Record
Child Abuse Registry	<input type="checkbox"/>	No Record	<input type="checkbox"/>	Record

Date

Signature

Welfare Fraud Finding

No Record

Record

Date

Signature

Appointing Authority Decision:

Clearance Granted

Clearance Denied

Signature of Appointing Authority

Date

DEPARTMENT FOR CHILDREN AND FAMILIES

PM-6619

SECURITY CLEARANCE

For Applicant Signature

Policy: All employees and volunteers providing direct services to agency clients and others identified by the Secretary of DCF are required to obtain and maintain a security clearance as a condition of their employment or volunteer service. Security clearance may not be granted to any applicant, employee or volunteer who has been convicted of a prohibited crime (or had similar disposition of criminal charges other than a finding of "not guilty" or dismissal of the case) or who has engaged in other prohibited conduct as described below. For positions requiring a security clearance, DCF reserves the right to disqualify from consideration for employment any individual who has been found to have committed a prohibited crime or engaged in prohibited conduct within the last five (5) years. Prohibited crimes and conduct occurring more than five (5) years ago do not automatically disqualify the applicant, employee or volunteer but may be considered in determining whether to grant security clearance.

Prohibited Crimes:

- abandonment of a child
- abandonment of a child, aggravated
- abuse of a child
- aiding escape
- altering a legislative document
- arson
- arson, aggravated
- assault
- assault, aggravated
- assault of a law enforcement officer
- assault of a law enforcement officer, aggravated
- battery
- battery against a law enforcement officer
- battery against a law enforcement officer, aggravated
- battery, aggravated
- blackmail
- bribery
- burglary
- burglary, aggravated
- criminal damage to property
- criminal restraint
- endangering a child
- enticement of a child
- forgery
- harassment by telephone
- incest
- incest, aggravated indecent liberties with a child
- indecent liberties with a child, aggravated
- indecent liberties with a ward
- indecent solicitation of a child
- indecent solicitation of a child, Aggravated
- injury to a pregnant woman
- interference with the conduct of public business in a public building
- interference with the conduct of public business in a public building, aggravated
- interference with the custody of a committed person
- intimidation of a witness or victim
- intimidation of a witness or victim, aggravated
- kidnaping
- kidnaping, aggravated
- lewd and lascivious behavior
- making a false writing
- manslaughter, involuntary
- manslaughter, voluntary
- mistreatment of a confined person
- mistreatment of a dependent adult
- murder
- obstructing legal process or official duty
- official misconduct
- perjury
- poisoning, attempted
- possession, possession with intent to sell
- prostitution
- prostitution, promoting
- rape
- robbery
- robbery, aggravated
- sale, manufacture or production of any drug listed in the Uniform Controlled Substances Act, K.S.A. 65-4101 et. seq.
- sedition
- sexual battery
- sexual battery, aggravated
- sexual exploitation of a child
- sodomy, aggravated criminal
- sodomy, criminal
- stalking
- theft
- threat, criminal
- threat, terroristic
- treason
- or any other related crimes including attempts and conspiracies to commit any of the crimes listed above

A conviction or other disposition of a prohibited crime (including but not limited to **entering a diversion agreement; a plea of guilty, no contest or nolo contendere; a finding of guilt on original or reduced charges by a judge or a jury; plea bargaining to lesser charges; being found not guilty by reason of insanity; expungement of conviction**) may be considered in determining whether to grant security clearance. Also, any pending current charges involving a prohibited crime may be considered.

Prohibited Conduct: Other types of convictions may be considered if the conviction bears a substantial relationship to the job duties of the position. **Convictions which are titled differently than those on the prohibited crimes list but which encompass the same conduct are also to be considered as prohibited conduct.** DCF may also consider administrative findings or pending criminal charges or allegations of welfare fraud, child or adult abuse or termination of parental rights.

DEPARTMENT FOR CHILDREN AND FAMILIES

PM-6619

A security clearance report will list all activity, including juvenile information and diversions. Please answer the following questions:

1. Have you ever been charged in a criminal proceeding anywhere in the United States or in any foreign country with any crimes in which the final outcome of the court action resulted in a conviction, reduced charges, plea bargaining, diversion or any other disposition other than "not guilty"?
 Yes No
2. Are there currently any criminal charges, indictments or outstanding warrants pending against you?
 Yes No
3. Have you been adjudicated as a juvenile in the last five (5) years?
 Yes No
4. Have you had any conviction(s) expunged?
 Yes No
5. Have you ever been investigated for abuse or neglect?
 Yes No
6. Have you ever been penalized in the receipt of benefits from the DCF (including cash assistance, food stamps, medical card or other benefits) for providing false or fraudulent information or for failing to report required information?
 Yes No
7. If the answer to any of the questions (1-5) is "yes", please explain, including dates of events. (Attach additional pages if more space is needed.)

8. Have you used any other names or aliases including maiden name and name(s) from previous marriage(s)?
 Yes No
9. If the answer to question 8 is yes, please list all other names and aliases:

10. Have you ever lived outside of the state of Kansas? If yes, please indicate dates.
 Yes No _____

I understand that the position for which I am applying requires a security clearance. I hereby authorize a state and federal records check for the prohibited crimes and conduct described above. In accordance with HB 2128, my fingerprints will be used to access federal information. I voluntarily WAIVE ALL RIGHTS OF RECOURSE against the state of Kansas, Department for Children and Families, and its employees from all liability in complying with this authorization. I affirm that the information given on this form is TRUE AND COMPLETE to the best of my knowledge. I understand that deliberate FALSE STATEMENTS OR MISREPRESENTATIONS could be considered grounds for rejection of my application and could be considered CAUSE FOR IMMEDIATE DISMISSAL, if employed. I understand that if selected for any DCF position requiring security clearance, the CONVICTION OF A PROHIBITED CRIME OR OTHER PROHIBITED CONDUCT may subject me to IMMEDIATE DISMISSAL. Further, I understand that, once I am employed I am required to notify my appointing authority any time I am charged with or convicted of a prohibited crime and that my failure to do so may subject me to IMMEDIATE DISMISSAL. By my signature, I acknowledge and accept these terms as CONDITIONS OF EMPLOYMENT.

_____ Signature of Applicant	_____ Date
_____ Printed Name	_____ Social Security No.
_____ Date of Birth	_____ Driver's License No./State of Issue

Form W-9 (Rev. December 2014) Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Request for Taxpayer Identification Number and Certification</h2>	Give Form to the requester. Do not send to the IRS.
Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <i>Note.</i> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (code apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; height: 20px;"></td> <td style="width:25%; height: 20px;"></td> <td style="width:25%; height: 20px;"></td> <td style="width:25%; height: 20px;"></td> </tr> </table>				
OR				
Employer identification number				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; height: 20px;"></td> <td style="width:25%; height: 20px;"></td> <td style="width:25%; height: 20px;"></td> <td style="width:25%; height: 20px;"></td> </tr> </table>				

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

INDEPENDENT LIVING MENTOR AGREEMENT

PPS 7220 EXAMPLE

I, _____ (mentor printed name),
agree that:

- a. I will be committing myself to a six-month term as a Mentor for _____ (name of young adult), a young adult working toward self-sufficiency.
- b. My term of service to this young adult will begin on _____ (date) and end on _____ (date).
- c. I will complete a Mentor Application initially, which will be maintained in a separate mentor file in the Regional Independent Living Program office. I agree to notify the DCF Independent Living Coordinator (ILC) of any information changes on the Mentor Application.
- d. I hereby give my consent to screening through background checks and law enforcement records of the State of Kansas Registry for Child Abuse and Neglect and Kansas Bureau of Investigation. The results of all security checks will be maintained, confidentially, in the mentor file.
- e. I will receive a copy of the young adult's Independent Living Subsidy Payment Unit Notification-PPS 7210.
- f. I may, contingent upon the young adult's situation, receive the Subsidy payment for the young adult, each month and assist the young adult in utilizing these funds for the purpose of making monthly payments toward appropriate bills or financial commitments.
- g. I will advise the young adult in money management and assist the young adult in maintaining a monthly budget and financial records of bills and payments. I will provide the DCF ILC with copies of these records upon request.
- h. I will meet with the young adult whom I serve as stated in the Self-Sufficiency Plan PPS 7000 and will document my contacts with the young adult on the Independent Living Monthly Mentor Report PPS 7215. I will provide the DCF ILC with the completed Mentor Report each month.

- i. I will monitor the young adult's school and/or work attendance and performance.
- j. Any information known about the young adult is confidential and I am not allowed to discuss the information with anyone other than the DCF ILC, DCF social worker or designated staff person. Violation of the young adult's confidentiality is grounds for termination of the mentor / mentee relationship. I understand that violation of consumer confidentiality as described will be subject to DCF, State, and Federal regulation.
- k. Young adults are entitled to access most information contained in their case records at any time. I will not write anything in a record that I don't want the young adult to see.
- l. In this volunteer capacity for the agency, I will not be covered for personal injury or personal liability through the Kansas Department for Children and Families.
- m. As a mentor for a young adult, I may receive a \$50.00 monthly stipend to assist with incurred expenses, contingent upon available DCF Regional funds. Mentor stipends are considered reportable income. To receive the stipend, I will have completed the W-9 Request for Taxpayer Identification Number and Certification, which will be maintained in the mentor file. I will notify the DCF ILC or designated staff of any changes in my address or name. Failure to submit the Independent Living Monthly Mentor Report PPS 7215 will result in monthly stipend suspension.

I have read and do hereby state that I understand each of these statements. I hereby agree to comply with this statement as written.

SIGNATURE OF MENTOR: _____ DATE: _____

SIGNATURE OF ILC: _____ DATE: _____

